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# ***WEST SUFFOLK***




**ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
OF HEALTH**

**FOR THE YEAR 1967**

**D. A. McCracken, O.St.J., M.D., D.P.H.**







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# WEST SUFFOLK COUNTY COUNCIL

Telephone Number:  
Bury St. Edmunds 2281



Manor House,  
Bury St. Edmunds.

*To the Chairman and Members of the West Suffolk County Council.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report for the County Medical Officer of Health dealing with the health and welfare services for the administrative County for the year ended 31st December, 1967.

The population of the administrative County continues to increase as the result of natural development and the population arriving from London under the various town expansion schemes. The latest estimated population as at 30th June, 1967, totalled 155,240 persons compared with 148,247 for the previous year. The birth rate, like the country as a whole, showed a diminution from 19.1 to 18.6. However, when adjustments are made for the age and sex constitution of the community the birth rate is 18.8. The infant mortality rate indicating the number of infants who did not survive their first birthday, fell to a low figure of 13.7 per thousand live births as compared with 22.5 for the previous year. In a similar way, the neo-natal death rate (first four weeks), early neo-natal and the peri-natal birth rates, have all been reduced in proportion, namely 11.1, 10.1, and 21.2 as compared with the previous year 17.3, 15.5 and 25.5. The infant mortality rate has fallen to the very low level of 13.7 per thousand live births as compared with 18.3 for England and Wales. The saving in infant life, as indicated by this low rate, must give much satisfaction to everybody concerned and in particular to those of the medical and nursing profession who are charged with the care of expectant mothers. Cancer and the degenerative conditions of the cardiovascular system, contribute a high percentage of the total deaths. For example 70 people died from cancer of the lung whereas only 4 died from tuberculous manifestation.

The progress in the development of the health services by the local authority has been retarded due to financial stringencies. Nevertheless, we are being repeatedly asked for ten year programmes and shorter term programmes by the Ministries concerned but at the present juncture capital expenditure in which the department is involved, only amounts to £29,000 whereas our modest demands to meet the needs of the population totalled £250,000.

On the other hand the community ought to be well served by the hospitals in the very near future. The Ministry of Health in conjunction with the Regional Hospital Board are agreed to the construction of the "Best Buy Hospital" costing over £3,000,000 and it is expected that this hospital will be functional by 1972. It must be gratifying to the Council to know that the creation of this new and advanced type of hospital has been contributed to by the development in the health sphere which has taken place by the department during the last few years. The success of this hospital will, to a large extent, be dependent on the development of the community health services by the Council. Schemes of attachment of district nurses and health visitors are already well under way and a start has been made to increase this co-operation by all services by the approval of the West Suffolk General Hospital as a Part II training school for midwives. In addition the Ministry have indicated their approval to the provision in conjunction with the hospital of a district nurse training scheme. These schemes will do much to promote the new influence on the community which it is trusted will result from the creation of this new hospital of five hundred beds.



Again it is unsatisfactory to record that the West Suffolk Water Board have not as yet made a positive decision regarding the adjustment of the fluorine content in the public water supplies.

The Seebohm Committee's report on local authority personal social services and the Minister of Health's green paper (National Health Service administrative structure of the medical and related services in England and Wales) were published on 26th July as this report was being prepared. These two major documents will require much consideration because many policy matters will be decided on the future of preventive medicine and social welfare in the next Parliament. The recommendation for the setting up of a new local authority statutory social service department which would absorb the present children's and welfare departments and the mental health and home help sections of the health department and social workers of educative departments, bears a general resemblance to the proposals which have been made for Scotland. The suggested reduction in the medical officers of health's sphere of direct interest by the creation of the new social service department and the transfer to it of a large segment of the health and welfare work is recognised by the Seebohm Committee to be a traumatic one, particularly for those medical officers of health who devoted much enthusiasm and hard work to developing community mental health and social geriatric services. The green paper dealing with the administration or structure of the national health service, medical and related services in England and Wales asks for free discussion of its proposals and all interested parties are asked to study and send in their comments by the end of November. The main idea of area health boards reflects the Porritt report. It may be that medical officers of health have, I think, become reconciled to the idea that a century and a quarter association of preventive medicine with local authorities may be nearing its end, but I believe there has developed a more fundamental loyalty to the principles of control by electing representatives of the public who are publicly accountable for their actions or inactions. The area board would have indirect elected representation by his suggested appointment from local authority nominees and he has introduced an interesting idea of independent health commissioners to be the assessors of complaints. The timing of the next moves will depend a great deal on the punctual appearance of the report of the Royal Commission on Local Government and if the merger of central departments takes place this year it looks as if the Minister, who will steer the reconstruction of the medical and social services, will be available. The reactions of the professional associations and all local authority associations on both these epoch making papers will be awaited with more than ordinary interest.

Dr. Alison Joan Rae, who is my deputy, will be retiring from the post at the end of the year after having served the local authority for some 30 years. She has seen the evolution and development of the health services and it is worthy of note that she took part in the medical work at St. Mary's Hospital, Bury St. Edmunds, whilst it was still under the Poor Law Act and had much to do with Risbridge Home for the subnormal before and during the management by the joint mental health board. When the National Health Service Act became operative she did a tremendous lot of work to assist my predecessor, Dr. Henry Roger, in formulating the proposals which the Minister required. Now having seen the Health Act in operation for some 20 years she is retiring when once again local government is in a turmoil and anxiously awaiting the next development which must take place very soon. I am sure that every Member of the Council, my predecessor and the staff, will all wish with me to hope that her retirement will be long and that she will continue to take a most active interest as she has done for many years in the care of the aged population.

All the members of my staff are continuously deeply conscious of the great desire of the Health and Welfare Committee to develop and expand the work they are involved with in the County. I wish particularly to acknowledge the help I have received from members of the staff who have contributed to this report and to the Members of the Health and Welfare Committee for their co-operation and encouragement during the year.

I have the honour to be,  
Your obedient Servant,

/ D. A. McCRACKEN,

*County Medical Officer of Health,  
Chief Welfare Officer.*

31st July, 1967.



## STAFF

*County Medical Officer of Health: Chief Welfare Officer:*

D. A. McCracken, M.D., Ch.B., D.P.H.

*Deputy County Medical Officer of Health:*

Miss A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

*Senior Medical Officer:*

A. M. Lush, L.R.C.P., M.R.C.S., D.C.H.(R.C.P.I.), D.(Obst)R.C.O.G., D.P.H.

*Assistant County Medical Officers of Health:*

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H.

A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

E. Kinnear, M.B., Ch.B., D.P.H.

L. B. Gonzalez, M.B., Ch.B., D.P.H.

*Consultant Adviser in Psychiatry (Part-time):*

E. Beresford Davies, M.A., M.D., B.Chir., D.P.M.

*Consultant Chest Physician (Part-time):*

C. P. Hay, M.D., M.R.C.P., D.P.H.

*Dental Surgeons:*

S. H. Pollard, L.D.S. (Principal)

Mrs. S. Tribe, L.D.S.

E. Ferguson, M.B.E., L.D.S.

J. Dewar, L.D.S. (Part-time)

*Principal Nursing Officer:*

Miss O. E. Payne, S.R.N., S.C.M., H.V.Cert.

*Superintendent Health Visitor:*

Miss M. Ward, S.R.N., S.C.M., H.V.Cert.

*Superintendent Home Nurse/Midwife:*

Miss V. M. Hird, S.R.N., S.C.M., H.V.Cert.

*Health Educator:*

Mrs. S. Afnan, S.R.N., S.C.M., H.V.Cert., Dip.H.Ed.

*Speech Therapists:*

Miss B. M. Elton, L.C.S.T.

Mrs. J. J. B. Easdown, L.C.S.T. (Part-time from 1.7.67)

*Food and Drugs Act:*

Chief Inspector—D. Thompson

*Director of Welfare Services:*

T. H. Higham, B.E.M.

*Senior Social Worker:*

A. E. Biggs (from 1.7.67)

*Welfare Officer for the Blind:*

Miss E. E. Bitchenor, B.A. (to 30.11.67)

*Home Teacher of the Blind:*

Miss M. R. Green (from 1.5.67)

*Social Worker:*

Mrs. K. M. Stanley (from 1.7.67)

*Mental Health/Social Welfare Officers:*

E. Brown

F. Crossley

M. D. Kidd

E. R. Lewis, S.R.N., O.N.D.

W. J. J. Tyrrell

D. M. Watkins

J. W. Pettit

R. J. Petrie

*Junior Training Centres—*

*Bury St. Edmunds:*

Supervisor—Miss E. E. Brown

*Sudbury:*

Supervisor—Mrs. L. E. Wood

*Adult Training Centre—*

*Bury St. Edmunds:*

Manager—G. T. Elliston

*Handicraft Instructresses:*

Miss W. Gamble

Mrs. D. M. Norden

Mrs. F. E. Read

*Ambulance Control Supervisor:*

J. F. Petch

*Chiropodists:*

A. E. Colston, M.Ch.S.

Mrs. E. Marson (Part-time)

S. Marper, M.Ch.S.

D. J. Chambers, A.Ch.S. (Part-time from 14.8.67)

Mrs. A. H. Stonebridge (Part-time from 6.3.67)

*Administrative Officer:*

E. White



# SUMMARY OF VITAL STATISTICS, 1967

Area of Administrative County	..	..	..	390,916 acres
Population Census, 1931	..	..	..	106,137
Population Census, 1951	..	..	..	120,652
Population Census, 1961	..	..	..	129,969
Population (Mid-year Estimate, 1967)	..	..	..	155,240
Rateable Value	..	..	..	£4,660,561
Estimated Product of a Penny Rate	..	..	..	£19,314

## Live Births:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
Legitimate ..	..	1,352	1,378	2,730	
Illegitimate ..	..	85	70	155	
		<u>1,437</u>	<u>1,448</u>	<u>2,885</u>	18.6

Percentage of illegitimate live births of TOTAL live births .. .. 5.4

## Stillbirths:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Legitimate ..	..	15	19	34	
Illegitimate ..	..	—	2	2	
		<u>15</u>	<u>21</u>	<u>36</u>	12.3

## Total Live and Stillbirths:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ..	..	1,367	1,397	2,764
Illegitimate ..	..	85	72	157
		<u>1,452</u>	<u>1,469</u>	<u>2,921</u>

## Deaths:—

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
All causes ..	..	810	748	1,558	10.0

		<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Maternal (including abortion)		2	2	0.7

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 related live births</i>
Infant (under one year):					
Legitimate ..	..	24	15	39	14.3
Illegitimate ..	..	—	1	1	6.5
		<u>24</u>	<u>16</u>	<u>40</u>	13.7

		<i>Male</i>	<i>Female</i>	<i>Total</i>	
Neonatal (first four weeks):					
Legitimate ..	..	19	12	31	
Illegitimate ..	..	—	1	1	
		<u>19</u>	<u>13</u>	<u>32</u>	11.1

		<i>Male</i>	<i>Female</i>	<i>Total</i>	
Early Neonatal:					
Legitimate ..	..	18	10	28	
Illegitimate ..	..	—	1	1	
		<u>18</u>	<u>11</u>	<u>29</u>	10.1

		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Live and Stillbirths</i>
Perinatal:					
Legitimate ..	..	33	29	62	
Illegitimate ..	..	—	—	—	
		<u>33</u>	<u>29</u>	<u>62</u>	21.2

Estimated Populations, Birth Rates, Death Rates and Deaths Classified according to causes

DISTRICT	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Tuberculosis respiratory	Tuberculosis other	Syphilis	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm of stomach	Malignant neoplasm of lung, bronchus	Malignant neoplasm of breast	Malignant neoplasm of uterus	Other malignant and lymphatic neoplasm	Leukaemia, Aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, Angina	Hypertension with heart disease	Other heart diseases	Other circulatory diseases	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasm of prostate	Pregnancy, child-birth, abortion	Congenital mal-formation	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes	
Borough and Urban Districts—	Bury St. Edmunds	24,260	17·2	16·9	10·4	8·0	1							1	6	9	2	2	22	4	1	42	43	1	22	14	18	8	10	2	2		1				2	29	5	3	3		253
	Hadleigh ..	4,640	22·0	22·0	12·5	13·0								1	1		1		6			13	12	1	9	2	1	2									4		1			58	
	Haverhill ..	10,300	28·4	21·0	7·2	11·3									3	5			7	1		14	17			5	4	7								5		3	1		74		
	Newmarket ..	11,840	15·0	14·4	13·3	12·4	1					1			3	6	2	1	14	1	1	15	34	1	11	6	20	10	2	1	3	1					1	9	7	5	1		157
	Sudbury ..	7,060	20·1	23·3	20·5	10·3									5	5	3	1	6	2	2	43	29	1	14	5	4	5	2							4	7		6		145		
	Totals ..	58,100	19·5	18·3	11·8	9·9	2					1			2	18	25	8	4	55	8	4	127	135	4	61	28	47	32	14	5	6	1	3	1	7	54	12	18	5		687	
Rural Districts—	Clare ..	10,360	18·1	20·5	11·0	9·6									2	7	2	1	13		2	23	31	1	7	3		4	2	1								6	4	3			114
	Cosford ..	9,180	15·9	18·6	11·8	9·6									1	8	1	1	12		1	11	25	1	11	6	14	3			3						1	5	1	1	2		108
	Melford ..	17,280	21·5	21·9	10·4	10·5									6	8	4		14	3		33	51	3	15	3	8	9	1	1	1						13		2			180	
	Mildenhall ..	28,930	17·6	18·7	5·5	8·5		1						1	4	12	3	1	14		1	22	27	3	19	5	1	8	7	3							14	4	5	2		160	
	Thedwastre ..	9,860	17·4	18·8	11·7	10·2									2	4	1		13	1	1	20	27	1	8	4		11	6	3	1						9	1	1			115	
	Thingoe ..	21,530	17·1	17·1	9·0	9·7	1									2	6	5	1	23	1	1	30	38	2	28	3	2	17	6		2						2	10	4	6	4	
Totals ..	97,140	18·0	19·1	9·0	9·6	1	1	2						1	17	45	16	4	89	5	6	139	199	11	88	24	3	62	33	8	7	3	1	5	1	3	57	14	17	9		871	
Grand Totals	155,240	18·6	18·8	10·0	9·7	3	1	2			1			3	35	70	24	8	144	13	10	266	334	15	149	52	3	109	65	22	12	9	2	8	2	10	111	26	35	14		1,558	

## NATURAL AND SOCIAL CONDITIONS

### Area.

There has been no change in the area of the Administrative County, which remains at 390,916 acres.

### Population.

The Registrar-General estimated the resident population for the mid-year to have been 155,240 persons, as compared with 148,270 in 1966. The estimated population of children under 15 years as at 30th June was 35,400, of which 13,400 were under 5.

The natural increase in population, i.e. the excess of registered live births over deaths, totalled 1,327 persons as compared with 1,343 in 1966. The number of marriages registered was 1,028 which is equivalent to 13.2 per thousand of population compared with 15.9 for the country as a whole.

### Mortality.

The total number of deaths assigned to the County by the Registrar-General, after adjusting for outward and inward transferable deaths, was 1,558 (males 810, females 748) as compared with 1,496 in 1966. The crude total death rate, based on the mid-year estimated population was 10.0 as compared with 10.1 in 1966. Lists of the causes of deaths are classified according to the Abridged List of the International Statistical Classification of Diseases, Injuries and Causes of Deaths, 1948, as used in England and Wales, are given in the Table on page 6. Comparability factors for each Urban and Rural District have been provided by the Registrar-General for adjusting the local birth and death rates. These comparability factors, making allowances for age and sex distribution of the population, are handicaps to be applied to the several areas, and when multiplied by the crude birth and death rates experienced in the area, modify the latter, so as to make them comparable with other rates, which have been similarly adjusted.

Heart diseases and other circulatory diseases accounted for 35.3 per cent. of all deaths whilst cancer and vascular lesions of the nervous system were responsible for 18 per cent. and 17.1 per cent. respectively. The number of deaths attributable to tuberculosis was 4 compared with 9 for 1966. Cancer of the lung and bronchus showed a decrease and 70 deaths were ascribed to this cause, as compared with 72 for the previous year.

The adjusted death rates for 1963–1967 with those for England and Wales for comparison, are:—

	1963	1964	1965	1966	1967
West Suffolk ..	10.9	10.7	10.2	9.7	9.7
England and Wales	12.2	11.3	11.5	11.7	11.2

### Live Births.

The number of live births assigned to the County was 2,885 (1,437 males; 1,448 females); as compared with 2,839 in 1966. This was equivalent to a crude birth rate of 18.6 as compared with 19.2 for the previous year. The following table shows the trend of the adjusted birth rates which takes into account the age and sex composition of the community for 1963–1967 together with the national rates for comparison:—

	1963	1964	1965	1966	1967
West Suffolk ..	17.8	19.0	19.1	19.2	18.8
England and Wales	18.2	18.4	18.1	17.7	17.2



**Stillbirths.**

An infant, who has issued forth from its mother after the twenty-eighth week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any sign of life, is a stillborn infant. The number of stillbirths registered was 36 giving a rate of 12.3 per thousand related live and stillbirths as compared with 14.8 for England and Wales. The rates for the quinquennium 1963–1967 together with those for the country as a whole are as follows:—

	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
West Suffolk ..	21.2	16.4	15.0	10.1	12.3
England and Wales	17.2	16.3	15.8	15.3	14.8

**Infant Mortality.**

The number of infants who died before attaining their first birthday was 40 (24 males and 16 females) as compared with 64 in 1966. The rate per thousand related live births was 13.7 as compared with 22.5 for the previous year. The rates for 1963–1967 together with those for England and Wales are as follows:—

	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
West Suffolk ..	16.3	20.4	18.3	22.5	13.7
England and Wales	21.1	19.9	19.0	18.9	18.3

**Neonatal Mortality.**

This sub-division of the infant mortality rate includes all children who die within 28 days of independent existence. The neonatal death rates per thousand live births 1963–1967 were:—

	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
West Suffolk ..	11.4	14.8	12.7	17.3	11.1
England and Wales	14.2	13.8	13.0	12.9	12.5

**Early Neonatal Mortality.**

This further sub-division of the infant mortality rate includes all children who die within seven days of independent existence. The rate per thousand related live births for 1967 was 10.1 compared with 15.5 for the previous year.

**Perinatal Mortality.**

This is the term used to determine the combination of stillbirths with deaths occurring during the first week of life. This rate is an indication of birth loss due to circumstances during pregnancy and events during labour and delivery. The following are the rates per thousand live and stillbirths for 1963–1967 together with those for England and Wales:—

	<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>
West Suffolk ..	31.6	29.4	26.8	25.5	21.2
England and Wales	29.3	28.2	26.9	26.3	25.4

**Maternal Mortality.**

There were two maternal deaths. The cause of death in one was oedema of the lungs during anaesthesia and the other a ruptured ectopic pregnancy.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visitors.

The work of this section has continued to expand. The health visitors' duties have tended to change especially in the growing towns of Bury St. Edmunds, Sudbury and Haverhill. More help and advice to young mothers and those with teenage children has been required. Many of the young mothers in expanding towns have come to a completely changed environment. With a home of their own for the first time, problems are encountered such as loneliness, and financial difficulties. To help overcome some of the problems advisory classes and mothers clubs have been organised and in these the health visitors have taken a leading part.

The health visitor establishment is now twenty-six. This is an increase of two to meet the demands of the town expansion schemes. At the end of the year the number of health visitors in post was twenty-three including the Superintendent. One student health visitor is in training.

The total number of visits paid was:—

Children 0—5 years	..	36,716
Expectant Mothers	..	1,430
Other cases, including 'Home Help' visits	.. ..	7,860
		<hr/> 46,006

The health visitors called on 1,289 persons aged 65 and over, including 314 on the special request of a general medical practitioner or hospital. They also visited 189 persons discharged from hospital of whom 173 were visited at the request of a medical practitioner or hospital consultant. Thirty-one households were visited and advice offered on account of infectious diseases. Total number of households visited was 13,645.

### Post-graduate Training.

The Superintendent Health Visitor attended a management course for administrators at the Mid-Essex Technical College of Art, Chelmsford, and a health visitor attended a special refresher course on geriatrics in London. Two health visitors have continued to act as practical work instructors to health visitor students from the Civic College, Ipswich.

Student nurses from the West Suffolk General Hospital Nurse Training School have spent a day with the health visitors observing all aspects of their work both in patients homes and clinics.

### Health Clinics.

Two new *ad hoc* health clinics were opened, one at Acton Lane, Sudbury, on 14th March, 1967, and the other at Blomfield House, Looms Lane, Bury St. Edmunds, on 17th April, 1967.

### Child Welfare Centres.

The child welfare centre at Sudbury was transferred to the new clinic where three sessions are held each week. Following the opening of the new clinic in Bury St. Edmunds, two clinics on the outskirts of the town closed—the mothers transferring to the new premises where four sessions weekly are held. One additional rural centre was opened.

At the end of the year there were 32 centres in being including two at R.A.F. Stations (Honington and Stradishall).



The total number of children who attended was 5,169, 1,758 were under one year of age, 1,722 between one and two years of age and 1,689 between two and five years of age. There were 657 children on the 'At Risk' Register in December.

(The compiling of the 'At Risk' Register is being reviewed to ensure that the Register is more realistic).

**Relaxation and Mothercraft Classes.**

The number of classes have continued to increase and two more midwives were sent to be trained to teach parentcraft. Classes are held in Bury St. Edmunds, Brandon, Hadleigh, Haverhill, Lakenheath, Mildenhall, Nayland, Newmarket, Sudbury and Kedington.

The health visitors have assisted at these classes by giving lectures on subjects in which they specialise. The number of mothers who attended was:—

(a)	Hospital booked	..	222
(b)	Domiciliary booked	..	216
(c)	Total	.. ..	<u>438</u>
Total number of attendances	..	.. ..	2,905

**Family Planning.**

The National Health (Family Planning) Act, 1967 came into force in June. Much publicity has been given to the Act because it is contended that the bearing of unwanted and badly spaced children is at the root of many of our social problems. Under an earlier enactment local health authorities were permitted to provide a family planning service for women needing it on medical grounds. The 1967 Act enables authorities to provide the service on either medical or social grounds. In July, 1967, the Minister published Circular 15/67 in which he put forward the view that no charge should be made to women who required the service on medical grounds. He considered that local authorities might use their discretion with regard to charging for prescriptions and supplies in social cases, but hoped that charges would be reduced or waived in such cases if the women cannot afford to pay. General medical practitioners who wish to do so may provide the service for their patients making no charge and issuing National Health Service prescriptions in medical cases. A fee may be charged for prescriptions and supplies in social cases.

The Health and Welfare Committee decided to continue to use the Family Planning Association as their agents. The Association was asked to comply with the Minister's views concerning charges and to increase the number of clinic sessions as and when this became necessary to meet the expected increase in demand. In providing a family planning service throughout the County a grant of £300 is being made for the present financial year. It was regretted that a larger grant could not be paid during the next financial year in view of the national financial situation.

Clinics are held by the Association in the Council's health clinics at Bury St. Edmunds, Newmarket and Haverhill, and Walnuttree Hospital, Sudbury. No charge is made for the use of the premises. The local authority insert advertisements about the clinics in the local press each month.

During the year two extra clinic sessions a month were started, one at Bury St. Edmunds and the other at Haverhill. At the end of the year arrangements were being made for an additional clinic session to be held in Bury St. Edmunds.



<i>Clinic</i>	<i>Frequency</i>	<i>Number of New Cases—1967</i>	<i>Total Number of Attendances—1967</i>
Bury St. Edmunds	1st & 3rd Wednesday mornings 2nd & 4th Tuesday evenings	183	920
Haverhill	Every Monday evening 1st Wednesday morning	110	695
Newmarket	1st & 3rd Wednesday mornings 2nd & 4th Wednesday evenings	113	799
Sudbury	1st & 3rd Thursday mornings 2nd & 4th Thursday evenings	100	528
		<u>506</u>	<u>2,942</u>

### Maternity and Nursing Homes.

There is one nursing home in the County—The Planche, Thurston—accommodating twenty-four patients. Regular inspections were made of this nursing home. There are no registered maternity homes.

### Nurseries and Child Minders Regulation Act, 1948.

There are twenty nurseries providing accommodation for 383 children aged 2–5 years. All the nurseries except two are open for mornings only. There are twenty-seven daily minders caring for 149 children, of whom three care for children for the full day and the rest for three hours a day. The numbers of nurseries and child minders have increased considerably during the year.

The term 'Playgroup' has come into use of recent years to describe some of these nurseries and groups of 'minded' children. Experience has shown that there are in this County several women, e.g. trained teachers and nursery and other nurses, who are unable by reason of family commitments to work in schools and hospitals etc., but who are able to make a valuable contribution towards the upbringing of children by running a playgroup. Several groups are being run by mothers working together on a voluntary basis on two or more mornings of the week, led by a mother who has suitable training. These playgroups are particularly valuable as West Suffolk is not one of the areas where priority will be given, in the present state of the nation's resources, to the provision of nursery schools.

The Education Committee, as part of their further education activities, held two courses for supervisors of playgroups and their helpers. During 1968 that Committee will be considering in what other ways they may and should assist suitable groups. Frequent discussions on matters relating to them have taken place between the staff of the Education and the Health and Welfare Departments. It is becoming increasingly common for health visitors, social workers and the staff of the Institute of Family Psychiatry etc. to try to arrange for attendance at a playgroup of children handicapped by some inherent mental or physical disability or unfavourable home situations. One of the groups run at Bury St. Edmunds under the auspices of the National Society for Mentally Handicapped Children is restricted to children who are subnormal.

### Dental Care.

Mr. S. H. Pollard, the Principal Dental Officer, reports as follows:—

The demand for dental treatment continues to be very small. Expectant and nursing mothers are mostly obtaining treatment through the National Health Service but there is a need to expand the County service for children under five years old.

A scheme has been prepared inviting parents to bring children for examination just after their third birthday. This is being started at one clinic to ascertain the response and, if successful, will be extended to other areas.

There has recently been an increase in the number of mothers with young children referred for advice from the infant welfare clinics. These are usually queries about erupting teeth, and although treatment is seldom involved, such interviews afford a useful opportunity of advising young mothers on dental care and diet.

It does show that there is a growing awareness on the part of parents and should be encouraged. I believe this individual approach to be an important part of any education campaign.'

Dental Services for Expectant and Nursing Mothers and Children under 5 years.

Part A. Attendances and Treatment.

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Visits for Treatment during year		
First visit .. .. .	47	3
Subsequent visits .. .. .	34	3
Total visits .. .. .	81	6
Number of additional courses of treatment other than the first course commenced during year .. .. .	-	-
Treatment provided during the year-		
Number of fillings .. .. .	26	2
Teeth filled .. .. .	25	2
Teeth extracted .. .. .	12	2
General anaesthetics given .. .. .	3	-
Emergency visits by patients .. .. .	1	1
Patients X-Rayed .. .. .	1	1
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis) .. .. .	1	-
Teeth otherwise conserved .. .. .	72	-
Teeth root filled .. .. .	-	-
Inlays .. .. .	-	-
Crowns .. .. .	-	-
Number of courses of treatment completed during the year .. .. .	18	-

Part B. Prosthetics.

Patients supplied with F.U. or F.L. (first time) .. .. .	-	-
Patients supplied with other dentures .. .. .	-	-
Number of dentures supplied .. .. .	-	-

Part C. Anaesthetics.

General anaesthetics administered by dental officers .. .. .	-	-
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Part D. Inspections.

Number of patients given first inspections during year .. .. .	56	4
Number of patients in A and D above who required treatment .. .. .	41	4
Number of patients in B and E above who were offered treatment .. .. .	41	4

Sessions.

Number of Dental Officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:	
For treatment .. .. .	15
For health education .. .. .	-

Speech Therapy.

Sixteen pre-school children were seen by the speech therapist in 1967. Four of them started school during the year and two were discharged. Only four needed treatment and this was given.

The aim of working with these cases is prevention rather than cure. A speech problem usually arises in young children only if they are made self conscious about their speech difficulties. This applies particularly to a stammer. The therapist, therefore, tries to gain the co-operation of the parents and other persons in the home. Such cases will usually be followed up until past the age of seven years, which is a vulnerable period, and discharged only between eight and nine years if it is certain that speech has been stammer free for a considerable time.



Care of Unmarried Mothers and their Children.

The satisfactory arrangements with the St. Edmundsbury and Ipswich Diocesan Board for Moral and Social Welfare have been continued. Fifty-three cases were referred to the Board and reports were received from the Moral Welfare Worker. The Council accepted financial responsibility for the maintenance of 31 unmarried mothers in suitable homes. In addition a grant of £300 was paid to the Board.

Care of Premature Infants.

A total of 158 premature births was recorded. Of the 31 infants born at home, 24 were nursed entirely at home and all survived the first month. Of the seven transferred to hospital, five survived. Of the 127 born in hospital, 107 survived the first month.

Prevention of Break-up of Families.

Regular six-monthly meetings of the Area Case Committees, supplemented where necessary by *ad hoc* committees, were held. During the year 54 families were considered, including ten new cases. Six families' names were removed from the register as no longer requiring regular review.

Ascertainment and Training of Young Children with Impaired Hearing.

No changes were made during the year in the arrangements for the ascertainment and training of pre-school children with impaired hearing which were given in the report for 1965.

It is the accepted policy to arrange for any health visitor who has newly taken up a post and has not been trained to arrange for this.

WELFARE FOOD SERVICE

Welfare Milk Scheme.

The main Centres at Bury St. Edmunds, Newmarket, Haverhill and Sudbury, continue to function. At 31st December there were 63 voluntary distribution centres.

The following issues were made:—

CENTRES	COMMODITY			
	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin A. & D. Tablets Packets	Orange Juice Bottles
MAIN				
Bury St. Edmunds .. ..	3,646	397	705	8,821
Newmarket .. ..	2,643	142	269	3,217
Haverhill .. ..	2,045	127	313	3,447
Sudbury .. ..	631	105	155	2,313
TOTAL .. ..	8,965	771	1,442	17,798
VOLUNTARY .. ..	15,549	884	819	19,211
TOTAL ISSUES.. ..	24,514	1,655	2,261	37,009
TOTAL ISSUES (1966) .. ..	32,160	1,882	2,390	34,531



As in previous years the arrangements for the issue of Welfare Foods from voluntary centres continued. It gives me pleasure to express again my appreciation for the work done by these public spirited people.

**Other Welfare Foods.**

These foods, vitamin preparations and pharmaceutical products are available to mothers and young children through the Health and Welfare Department, Child Welfare Centres and health visitors. The following were issued:—

	1967	1966
Baby Cereal .. .. .	1,740 packets	(1,936 packets)
Vitamin preparations:—		
Vitamin C .. .. .	13,485 bottles	(14,742 bottles)
Vitamin A & D (Liquid) .. .. .	4,229 bottles	(6,365 bottles)
Vitamin B (Solid) .. .. .	4,081 tins	(3,198 tins)
Pharmaceutical Products:—		
Tablets for Nursing Mothers .. .. .	79 tins	(130 tins)

In addition to these, toothbrushes for children were available and 2,130 (2,468) were issued. Cash receipts from all these commodities amounted to £1,724. The health visitors issued concessionary vouchers for proprietary foods.

**MIDWIFERY AND HOME NURSING**

The number of midwives notifying their intention to practise in the County during the year was 113. The number of cases attended was:—

Domiciliary Midwives ..	858
Hospital Midwives ..	1,690
Total	<u>2,548</u>

In addition there were 296 births at the U.S. Army Air Corps Hospital at Lakenheath.

**Sterilised Maternity Outfits.**

Eight hundred and two packs costing 11s.10d. each for domiciliary confinements and 107 small packs at 6s.3d. for patients discharged early from hospital or suffering from complications of midwifery were supplied free.

The number of domiciliary confinements show a slight decrease. This is in line with modern obstetric practice as it is considered that good antenatal care should be followed by very careful selection of patients thought to be suitable for safe delivery at home.

The number of patients delivered in hospital but discharged home early to the care of the domiciliary midwife has increased—these number 970.

Due to a shortage of midwives it is essential to ensure that all are used to the best advantage and more nurse/midwives are now employed as full-time midwives, the general nurses duties being undertaken by nurses who are not midwives. The nursing/midwifery establishment was increased during the year due to increasing population and the re-organisation of the work. There are now 59 home nurses and midwives and one auxiliary nurse in post.

### **Refresher Courses.**

The Superintendent of midwives and nurses attended a three month residential management course in community care at The Rathbone Staff College, Liverpool. Nine midwives attended statutory refresher courses. In addition lectures have been given to midwives and home nurses at their monthly staff meetings.

### **Housing for Nurses.**

A house at Haverhill was completed—this was built for the County Council by the Greater London Council. A bungalow at Lakenheath was completed and occupied.

### **Disposable Equipment.**

Essential disposable equipment, e.g. syringes, catheters, etc., is provided in accordance with modern standards.

### **Liaison Arrangements.**

Regular meetings of the Maternity Liaison Committee have been held in Bury St. Edmunds and less frequently in Newmarket and Cambridge.

### **Incontinence Pads.**

The use of these disposable under pads has increased considerably. Many more patients are nursed at home during their terminal illness and this type of nursing aid is a great help to patients and those in attendance.

### **Congenital Malformations.**

The notification of all cases of congenital malformations have continued and have shown a slight decrease this year, thirty-three being reported.

### **Hospital Discharges.**

A pilot scheme was commenced in October for the early discharge home of suitable cases from West Suffolk General Hospital following surgical treatment. These discharges are arranged by the surgeon-in-charge following investigation of social conditions, and willingness and ability of the patient's relatives to care for the patient at home.

### **Home Nursing Service.**

The scheme for the attachment of district nurses to the practices of general medical practitioners has been expanded and all the doctors in the Bury St. Edmunds area participate. A pilot scheme was also started in a rural area and is working satisfactorily. The doctors and nurses involved continue to find this method of working more convenient and helpful as it allows more time to discuss work and gives personal professional satisfaction. The greatest disadvantage is still the increased travelling for the nurses.

Student nurses from the West Suffolk General Hospital have spent a day with the home nurses and midwives and attended mothercraft classes. Senior girls from the Silver Jubilee Girls' School have spent a morning with a district nurse or midwife in order to learn about the service.

The total number of patients nursed during the year was 2,866 of whom 1,468 were 65 years or over. The number of home nursing visits paid throughout the County totalled 71,982. Twenty-six thousand five hundred and seventy-nine injections were given. One hundred and sixty-six sick children were nursed at home, of whom 96 were under the age of five and 70 between five and fifteen years.



AMBULANCE SERVICE

Year	Grand Total		Ambulances		Sitting Case Cars		Taxis		Railway		Air	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1962	57,938	622,132	14,719	131,762	43,085	481,526	16	166	118	8,678	—	—
1963	62,961	637,719	17,430	151,140	45,408	478,203	3	46	120	8,330	—	—
1964	73,880	714,661	17,537	154,532	56,242	552,788	1	6	100	7,335	—	—
1965	79,809	785,342	16,846	165,744	62,854	613,176	19	199	90	6,223	—	—
1966	92,435	878,182	14,731	156,479	77,618	716,842	28	390	57	4,231	1	240
1967	109,094	1,029,316	17,405	166,345	91,578	858,168	56	498	54	4,095	1	210

The average miles run per patient was 9.4 compared with 9.5 for 1966, and the total mileage run was an increase of 17.2%.

Ambulances.

The total mileage run is an increase of 17% on 1966. The average number of miles run per patient was 9.6 compared with 10.6 for the previous year.

Sitting Case Cars.

The mileage given above includes both the Council's own vehicles and those of the hospital car service. This is an increase of 6.3% on the previous year. The average number of miles run per patient was 9.4 compared with 9.8 for 1966. This mileage includes the conveyance of children attending the Junior Training Centres for the subnormal at Bury St. Edmunds and Sudbury and for trainees attending the Adult Training Centre at Hollow Road, Bury St. Edmunds. The total mileage incurred in the transport to these Training Centres was 308,996 or 36% of the mileage which is recharged to the mental health services.

Taxis.

This form of transport is used solely these days for transporting school children when an ambulance is not required.

Railway.

Fewer patients were transported by rail compared with the previous year. Whenever practicable this mode of conveyance is used for long journeys to distant hospitals when patients have to be admitted for specialised forms of treatment which are not available locally. British Railways continue, through their staff, to afford every assistance to our patients who are conveyed in this way.

Hospital Car Service.

The demand continued to grow. There were 41 registered drivers on 31st December. I take the opportunity of once more expressing my great appreciation for the work done by the hospital car service driver.



General.

As the above table will show the demands on the ambulance service are increasing. Nevertheless, all concerned with this service do their best to meet the day to day pressures and ensure that the patient is safely taken to his destination. To increase bed occupancy at the West Suffolk General Hospital conferences were held between the hospital and members of the department's nursing and ambulance staff. I am pleased to say that the arrangements made are working satisfactorily.

Part of the time of my ambulance control personnel was spent in effecting liaison with hospitals. In order to achieve maximum co-ordination of all journeys constant vigilance is exercised and the fact that the average mileage per person carried has only slightly decreased, in spite of the greater number of calls on the service, illustrates this point.

PREVENTION OF ILLNESS CARE AND AFTER CARE

Tuberculosis.

The arrangements for the supervision of tuberculosis patients continues. The number of notified cases of tuberculosis on the register at the end of 1967 was:—

			Male	Female	Total
Pulmonary	..	..	166	136	302
Non-Pulmonary	..	..	17	44	61
Total Cases	..		183	180	363

Particulars of the new cases of tuberculosis and of all deaths from the disease are shown below:—

NEW CASES					DEATHS				
Age Periods	Pulmonary		Non-Pulmonary		Age Periods	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.		M.	F.	M.	F.
0-	—	—	—	—	0-	—	—	—	—
1-	—	—	—	—	1-	—	—	—	—
2-	—	—	—	—	2-	—	—	—	—
5-	—	—	—	—	5-	—	—	—	—
10-	—	—	—	—	10-	—	—	—	—
15-	—	—	—	—	15-	—	—	—	—
20-	1	—	—	—	20-	—	—	—	—
25-	2	3	—	1	25-	—	—	—	—
35-	1	2	—	1	35-	—	—	—	—
45-	3	1	—	—	45-	—	—	—	—
55-	1	—	—	—	55-	—	—	—	—
65-	1	—	—	—	65-	—	1	—	—
75+	—	1	—	—	75+	—	1	—	1
TOTALS	9	7	—	2	TOTALS	—	2	—	1

The total primary notifications of tuberculosis amounted to 18 (16 pulmonary, 2 non-pulmonary) as compared with 33 in 1966. The notification rates of pulmonary and non-pulmonary tuberculosis were 10.3 and 1.2 per 100,000 of the population respectively. The number of deaths represented 0.25% of all deaths.

Since returns for a particular year may be misleading it is more valuable to consider the average figures for the past five continual five year periods which were as follows:—

Period	RATES PER 100,000			
	Incidence		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1943–47	84	30	26	8
1948–52	74	18	19	5
1953–57	33	5	6	1
1958–62	25	4	3	0.5
1963–67	15	5	4	0.6

**Examination of Contacts.**

Eighty-six contacts were invited for examination and all were examined by the Consultant Chest Physician. The average number of contacts examined for each new case reported was 4.4.

**After Care.**

A total of 202 domiciliary visits were made by health visitors who continued to work in close liaison with the Consultant Chest Physician.

**General.**

As in previous years the Consultant Chest Physician was informed automatically of all newly notified cases. He is employed by the East Anglian Regional Hospital Board and 2/11ths of his time is allocated to and paid for by the Council.

**Recuperative Holidays.**

Eighteen persons consisting of eight debilitated women, two ‘tired mothers’, a middle aged couple suffering from chronic illness, and six children from problem families were sent for recuperative holidays. Eight of the women were admitted to St. Michael’s Convalescent Home, Clacton-on-Sea, two to the W.R.V.S. Holiday Home, Felixstowe, the married couple to Hunstanton Convalescent Home, and the children to a house in the country under the care of the W.R.V.S.

**Chiropody Service.**

Two whole-time and three part-time chiropodists were employed, giving an equivalent of some 3.4 whole-time officers.

The number of patients treated was 1,892, of whom 28 were disabled persons below retirement age. These figures include 505 new patients.

A total of 9,038 treatments were given. Of these, 5,163 were in clinics, 778 in Homes for the Elderly, and 3,097 in patients’ own homes. The policy is to give domiciliary treatment only to patients unfit to attend clinics.

Clinics were held at 33 places throughout the County.



### **Medical Loan Depots.**

The British Red Cross Society maintain Medical Loan Depots on behalf of the County Council. The Secretary reports that:—

‘The general demand for loan of medical equipment over the period in review has been the heaviest for many years. From January to March our issues were three times as many as for the same quarter in 1967. All demands during the past six months have been met from our stocks.’

## **MENTAL HEALTH SERVICES**

There has been no material change in the administration and co-operation with the hospitals during the year. Training of mental health workers has progressed normally by co-operation with the hospitals with whom we have close associations. One assistant has been undertaking a ‘Younghusband’ course and one experienced officer is at present attending a two year course at the Ipswich Civic College. Assistance has been given to the College in the training of students by their secondment to the department.

### **Training Centres.**

The centres for juniors at Bury St. Edmunds and Sudbury continue to function satisfactorily and appear to be meeting the needs of the children and their parents. Close co-operation has been maintained with the parents and with the Bury St. Edmunds and Sudbury branches of the National Society for Mentally Handicapped Children. The staff at both these centres have attended refresher courses which results in the centres being kept abreast of the present trends in developing training for subnormal children. The Adult Centre at Bury St. Edmunds continues to expand and give satisfactory diversional employment in various spheres for the benefit of the older type of subnormal person. Work of a repetitive nature has been obtained, e.g. firework tubes, light engineering, woodwork, assembly work, packing, electrical work, seed boxes, etc., and in addition the construction of fencing panels and the making of concrete blocks. Whilst much activity centres in the workshops, social training forms an important part of the weekly programme. Free transport is provided through the ambulance service to all the training centres.

### **Home Visiting.**

A regular system of visiting of the subnormal and patients who are mentally ill is undertaken by the mental welfare officers and health visitors. The number of visits paid have shown an increase of 268 over the previous year of 1,417. Field staff, who are responsible for this work, maintain close liaison with the general medical practitioners, hospitals, relatives, employers and friends. A social club for the mentally ill is organised in Bury St. Edmunds by the British Red Cross Society and the mental welfare officers play an active part in this club which meets at weekly intervals. The Council makes a grant to the Society for this service.

### **Admissions to Hospitals.**

There has been no change in the hospitals who admit patients from West Suffolk. Many patients are admitted quite informally by direct arrangements with their own family doctors often in co-operation with the mental welfare officers. The department now is called on much more often than formerly to deal with social problems arising from the hospitalisation of patients.



The following admissions were made:—

Mental Health Act—Section 25	33
Section 26	2
Section 29	31
Section 60	—
Informal .. ..	54
	<hr/>
	120
	<hr/>

The following are the dispositions of patients admitted to psychiatric (subnormal) hospitals as at 31st December:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Etloe House, Leyton .. ..	—	1	1
Harperbury Hospital, Hertfordshire .. ..	1	—	1
Ida Darwin Hospital, Fulbourn .. ..	7	—	7
Jane Walker Hospital, Nayland .. ..	—	10	10
Little Plumstead Hospital, Norwich .. ..	18	26	44
Monkton Hospital, Northumberland .. ..	1	—	1
Moss Side Hospital, Liverpool .. ..	—	1	1
Nursing Home for the Blind, London .. ..	1	—	1
Rampton Hospital, Retford .. ..	4	—	4
Risbridge Home, Kedington .. ..	39	37	76
Riversfield Home, St. Neots .. ..	2	4	6
Royal Eastern Counties Hospital, Colchester .. ..	33	34	67
St. James Hospital, Saffron Walden .. ..	—	1	1
St. Joseph's Home, Sudbury .. ..	—	5	5
St. Mary's Convent, Roehampton .. ..	—	4	4
Stoke Park Colony, Stapleton .. ..	1	4	5
St. Mary's Hospital, Bury St. Edmunds .. ..	5	—	5
St. Audry's Hospital, Melton .. ..	7	5	12
Walnuttree Hospital, Sudbury .. ..	—	2	2
	<hr/>	<hr/>	<hr/>
	119	134	253
	<hr/>	<hr/>	<hr/>

Patients admitted during the year, for long-term care to hospitals for the mentally subnormal, were as follows, the figures for the previous year being shown in brackets:—

Mental Health Act—Section 26	—	(—)
Section 29	—	(—)
Section 60	—	(—)
Informal .. ..	5	(7)
	5	(7)

The admission of subnormal patients has been greatly facilitated by the opening and development of the Ida Darwin Hospital at Fulbourn. The Consultant Psychiatrist at the hospital has been most co-operative in seeing patients at the request of their own doctors or our own staff. This has often been most helpful to relatives and staff.

On 31st December, 1967, 25 patients were on the admission list for the hospitals, and of this number five were classified as urgent. Short term care was provided in hospital for eight patients. A number of patients received past-time therapy at home by the handicraft instructresses.

A total of 36 patients was referred to the department as compared with 41 in the previous year.

#### Future Developments.

The department's programme of capital development includes the following:—

Extension to Bury St. Edmunds Adult Training Centre  
New Junior Training Centre at Haverhill

New Adult Training Centre at Sudbury  
Psychiatric Hostel at Bury St. Edmunds  
Hostel for Mentally Subnormal Children at Bury St. Edmunds  
Hostel for Mentally Subnormals at Bury St. Edmunds  
Special Care Unit for Low Grade Subnormal Children at Bury St. Edmunds

DOMESTIC HELP SERVICE

Help has been arranged for the majority of applicants for the service, and it is pleasing to find that fewer needy people now reject the help offered them. It is our aim to grant enough assistance to enable the home to run smoothly, but at the same time to encourage the elderly to continue to do as much of their own work as they can comfortably manage, and by so doing, maintain both their health and mobility.

There is a small but steady demand for help in running the home when the mother is confined. However, some of these applications are cancelled and relatives are found able to help when it becomes known that the service is not necessarily a free one.

At the end of the year the number of enrolled helpers was 747 of whom 489 were employed as compared with 730 enrolled helpers of whom 424 were working at the end of 1966. The number of households where domestic help was provided was 1,007 compared with 896 during 1966. Home help was given as follows:—

AGED 65 OR OVER ON FIRST VISIT IN 1967	AGED UNDER 65 ON FIRST VISIT IN 1967				TOTAL
	Chronic sick and Tuberculous	Mentally Disordered	Maternity	Others	
845	58	2	60	42	1,007

# PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER NOTIFIABLE DISEASES

## Infectious Diseases.

The following final notifications have been received from the District Medical Officers of Health:—

NOTIFIABLE DISEASE	COUNTY DISTRICT											TOTAL	
	BURY ST. EDMUNDS M.B.	HADLEIGH U.D.	HAVERHILL U.D.	NEWMARKET U.D.	SUDBURY M.B.	CLARE R.D.	COSFORD R.D.	MELFORD R.D.	MILDENHALL R.D.	THEDWASTRE R.D.	THINGOE R.D.	1967	1966
Scarlet Fever	5	—	—	—	17	21	5	29	6	9	5	97	(80)
Whooping Cough	6	—	31	2	—	1	13	7	2	3	1	66	(109)
Measles	578	148	6	129	62	85	202	374	89	124	281	2,078	(1,479)
Acute Pneumonia	—	1	—	—	19	—	4	15	2	—	—	41	(51)
Dysentery—Bacillary	—	—	—	—	—	—	—	2	—	—	—	2	(6)
Erysipelas	—	1	1	—	—	—	3	2	—	1	—	8	(5)
Meningococcal Infection	—	—	—	—	—	—	—	—	3	—	—	3	(2)
Food Poisoning	5	1	2	—	2	10	—	38	—	—	1	59	(6)
Puerperal Pyrexia	—	—	—	—	1	—	—	—	2	—	—	3	(4)
Infective Hepatitis	—	—	—	—	—	—	—	—	—	1	15	16	(—)

## Vaccination.

The number of persons under 16 years of age vaccinated was as follows—the figures for the previous year being shown in brackets:—

	By County Staff		By General Practitioners	
Smallpox				
vaccination .. .. .	—	(—)	1,752	(1,390)
re-vaccination .. .. .	—	(—)	331	(113)
Poliomyelitis				
initial course (1st year) .. .. .	1,081	(473)	2,113	(1,393)
re-inforcing dose (school entry) .. .. .	379	(297)	1,314	(853)
Whooping Cough				
initial course (1st year) .. .. .	886	(405)	2,080	(1,331)
further dose (2nd year) .. .. .	530	(352)	1,069	(796)
Diphtheria				
initial course (1st year) .. .. .	911	(413)	2,099	(1,343)
further dose (2nd year) .. .. .	533	(366)	1,095	(821)
re-inforcing dose (school entry) .. .. .	404	(279)	1,277	(802)
Tetanus				
initial course (1st year) .. .. .	911	(413)	2,222	(1,356)
further dose (2nd year) .. .. .	533	(366)	1,103	(820)
re-inforcing dose (school entry) .. .. .	400	(280)	1,512	(815)
Tuberculosis (B.C.G.) .. .. .	1,293	(214)	—	(—)



## HEALTH EDUCATION

Health education has continued to support, help and advise various departments of the Council in their training programmes.

### Schools.

School leavers' courses in social and environmental studies have been organised and contributed to in Newmarket Grammar School, Newmarket Secondary Modern School, Ixworth Secondary School, Beyton Secondary School, Culford School, King Edward VI School, Hengrave Hall Convent, Silver Jubilee School for Girls, County Grammar School, Bury St. Edmunds, Sudbury Grammar School, Clare Secondary Modern School, Haverhill Secondary Modern School and Mildenhall Secondary Modern School.

A number of campaigns on smoking and drug dependence have been arranged in various parts of the County. A Day Conference was held for the staff of the several departments of the County Council on drug dependence. The visiting lecturers were provided from the Central Council for Health Education. There was a large attendance at Blomfield House of representatives from many organisations in the County. Talks have been given to the Rotary Club, Round Table, various women's organisations, Social Workers' Group, Playgroup Leaders Training Course and several invitations were received to provide a lecturer on health education from local authorities adjoining the County. Group discussions have been continued at youth clubs and also to further educational organisations at Mildenhall Centre of Community Activities. The section on visual aids has continued to develop and the equipment of 16 mm sound projector, filmstrip projector and a new automatic slide projector have facilitated the work and been used by all sections of the Health Department. Many midwives have become quite adept at using these machines and they have exhibited a number of films on topics applicable to parturition and relaxation exercises for expectant mothers.

## INSPECTION AND SUPERVISION OF FOOD

### Milk Supply.

The sampling of milk for all those services for which the County Council is responsible is carried out, under the supervision of the County Medical Officer of Health, by Mr. D. Thompson, the Chief Sampling Officer and Chief Inspector of Weights and Measures, and his staff.

The following samples were taken:—

NO. OF SAMPLES TAKEN	PHOSPHATASE TEST		METHYLENE BLUE TEST			FAILED BOTH TESTS
	Passed	Failed	Passed	Failed	Not Tested	
83	83	—	75	—	8	—

**Dairies, other than Pasteurising Plants.**

It is the further responsibility of the County Council as Food and Drugs Authority to inspect and sample at dairies other than pasteurising plants.

The number of dairies for which licences were issued at the end of the year:—

Dealers' (Pre-packed milk) Licences	134
Dealers' (Pasteurisers) Licences ..	3
Dealers' (Untreated) Licences ..	1

The following tests were made:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Untreated:				
Methylene Blue .. ..	6	1	—	7
Pasteurised:				
Phosphatase .. ..	237	—	—	237
Methylene Blue .. ..	219	3	15	237
Sterilised:				
Turbidity .. ..	20	—	—	20
Ultra Heat Treated .. ..	4	—	—	4

Appropriate action was taken where the results were unsatisfactory.

**Sale of Infected Milk.**

Sixty-seven samples were taken from 13 farms for biological tests. No failures were recorded.

**Milk in Schools.**

One-third of a pint of milk was available on every school day to every child attending maintained and private schools. On a day chosen at random in September 16,431 children had milk, representing about 74% of the school population in maintained and private schools.

The following samples were taken:—

	PASSED	FAILED	INVALID OR NOT TESTED	TOTAL
Pasteurised Milk:				
Phosphatase Test .. ..	124	2	—	126
Methylene Blue Test .. ..	122	2	2	126

The causes of the failures were investigated with the view of preventing recurrence.



### **Sampling at Institutions.**

All samples of milk taken were satisfactory except for a sample taken at St. Leonard's Hospital, Sudbury, which failed both the phosphatase and methylene blue tests. A repeat sample taken three days later was satisfactory.

### **Food and Drugs Act, 1955.**

The Chief Sampling Officer and his staff took 468 samples of which 38 were found to be adulterated or not up to standard (2 relating to milk, 7 to flour and flour products, and 29 to other foods).

#### *Milk.*

During the whole year only two of the samples taken were found to be unsatisfactory. In one case the sample was found to contain 2% of added water and a warning was given. No action was taken in the other case as the fat deficiency found was a natural deficiency and not due to added water.

A number of milks were tested for the presence of antibiotics but none were found.

Following complaints received from schools concerning the presence of glass in the milk the possibility of having milk supplied in cartons was considered but found to be too expensive at the present time.

A fine of £30, with £8 1. 0d. costs, was imposed on a dairy firm supplying milk containing foreign matter.

#### *Other Foods.*

A number of samples of flour taken were found to be deficient in chalk.

In 1965 proceedings were instituted against a local miller under the Bread and Flour Regulations, 1963. At that time evidence given by an analyst specialising in flour analysis tended to show that compliance with the Regulations was an impossible task for the millers. No amendment of the Regulations has yet been made although the matter has been raised with the National Association of British Millers and discussions have taken place at the Ministry of Agriculture, Fisheries and Food.

Samples of other foods have been taken to check the accuracy of claims made either through labels on containers or through advertisements. In those cases where labelling was faulty or incomplete, the firms concerned were cautioned.

A sample described as 'blackberries in heavy syrup' was found to have a weak strength syrup. Proceedings were taken and a fine of £5, with £9 3. 0d. costs, imposed.

A forbidden blue dye was found in a sample of Angelica. The importer has agreed to take steps to prevent further use of this colour.

During the year a considerable number of complaints were received from purchasers, all of which were investigated.

Proceedings were instituted against a company whose baby food product contained two small pieces of metal. The company obtained a conditional discharge on payment of costs. A fine of £5, with £2 2. 0d. costs, was imposed on the owner of a fried fish and chip shop who sold food which contained a piece of rubber. In a third case, where a purchaser had found glass embedded in a piece of cheese, proceedings were taken against the retailer as insufficient information could be obtained to take action against the importer. Just before the hearing of the case

the retailer produced a warranty from a firm of importers which was accepted and the case was dismissed. A loaf of sliced bread purchased was found to contain glass. Proceedings were instituted and a conditional discharge given on payment of costs.

**Sampling for Pesticide Residues.**

Of the five samples taken only one, a sample of milk, was found to be free of pesticides.

A sample of potatoes contained a small percentage of Alpha-B.H.C. Two samples, one of beef sausage and the other of salami, both contained traces of pesticides.

A sample of carrots was found to contain a small amount of an organo-phosphorous pesticide. It was impossible to trace the grower of the vegetable but the information about the contamination will be of assistance when a full report of the nation wide sampling scheme is produced by the Public Analysts.

Details of samples taken were as follows:—

				<i>Number Taken</i>	<i>Number Adulterated</i>
Beverages	..	..	..	6	1
Biscuits	..	..	..	3	—
Butter	..	..	..	5	1
Canned fruit	..	..	..	1	—
Cereal products	..	..	..	3	1
Cheese and cheese products	..	..	..	8	2
Coffee	..	..	..	2	—
Cream	..	..	..	1	—
Dried fruit	..	..	..	1	—
Drugs ..	..	..	..	2	—
Fats and oils	..	..	..	11	—
Fish products	..	..	..	7	2
Flavouring	..	..	..	2	1
Flour and flour products	..	..	..	27	7
Flour confectionery ..	..	..	..	2	1
Fruit ..	..	..	..	1	—
Fruit products	..	..	..	17	4
Herbs ..	..	..	..	1	—
Ice Cream	..	..	..	2	—
Jellies ..	..	..	..	1	—
Lard ..	..	..	..	3	—
Meat products	..	..	..	16	4
Milk ..	..	..	..	186	2
Milk, Channel Island	..	..	..	75	—
Milk powders	..	..	..	1	—
Mustard	..	..	..	1	—
Nuts ..	..	..	..	1	—
Preserves	..	..	..	13	—
Puddings	..	..	..	6	3
Salt ..	..	..	..	1	—
Sauces and Pickles	..	..	..	13	—
Slimming products	..	..	..	1	1
Soft drinks	..	..	..	13	1
Soups ..	..	..	..	1	—
Suet ..	..	..	..	2	—
Sugar confectionery ..	..	..	..	19	4
Sweet sauces	..	..	..	1	1
Syrups	..	..	..	1	—
Vegetables	..	..	..	6	2
Vegetable fat	..	..	..	1	—
Vegetable products	..	..	..	2	—
Vinegar	..	..	..	1	—
Wines ..	..	..	..	1	—
				<u>468</u>	<u>38</u>



SOCIAL WELFARE

The Director of Welfare Services is responsible to the County Medical Officer of Health, who is also the Chief Welfare Officer, for the day to day administration of the department.

The field work is carried out by a Senior Social Worker, eight general purpose social welfare officers and a woman social worker. A Welfare Assistant (trainee) who was undertaking in-service training was seconded to a two year 'Younghusband' course of training at the Ipswich Civic College.

The specialised services to the blind are provided by a Welfare Officer and a home teacher. Miss Eva Bitchenor, the Welfare Officer for the Blind, retired after having given some eleven years service to the authority.

The past time therapy scheme provided for the handicapped is undertaken by three full-time instructresses. The department is closely associated with the Civic College at Ipswich. Students from this College undertake part of their training in West Suffolk. The number of visits paid to handicapped people totalled 10,346; aged 3,198; blind and partially sighted 1,885; deaf and hard of hearing 157; disabled (other than aged and deaf) 2,809 and all other types of field visiting amounted to 2,297.

The number of people registered totalled 1,020 consisting of blind 283; partially sighted 107; deaf with speech 8; deaf without speech 46; hard of hearing 30; and generally handicapped 546. The total of 1,020 is the equivalent of 6.5 per thousand of the estimated population.

Age groups are as follows:—

	0-15	16-64	65 AND OVER	TOTAL
Blind .. .. .	4	69	210	283
Partially sighted .. ..	4	33	70	107
Deaf with speech .. ..	—	7	1	8
Deaf without speech .. ..	10	29	7	46
Hard of Hearing .. ..	—	10	20	30
Generally handicapped .. ..	5	274	267	546
	23	422	575	1,020

Of the handicapped in the general class the following indicates their disabilities:—

General Classes.

Of the 546 classified as generally handicapped the following indicates their disabilities:—

amputations .. .. .	44
arthritis and rheumatism .. ..	143
congenital malformations and deformities .. ..	23
diseases of the digestive and genito-urinary system, of the heart or circulatory system; of the respiratory system (other than tuberculosis) and of the skin .. ..	65
injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine .. ..	53
organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica etc.	165
neurosis, psychosis and other nervous and mental disorders not included in organic nervous diseases	19
tuberculosis (respiratory) .. ..	4
tuberculosis (non-respiratory) .. ..	9
diseases and injuries not specified above .. ..	21
	<u>546</u>

A considerable amount of help has been given to assisting handicapped people to live in their own homes by providing adaptations to the houses in which they live. This has applied to private dwelling houses as well as those owned by housing authorities. In a few cases grants have been made to housing authorities to provide special accommodation for handicapped tenants. Many aged who are living at home have been provided on permanent loan with aids such as bath rails, toilet seats, elbow crutches, special chairs, etc.

The staff have developed handicraft and social centres, in some cases in association with a voluntary organisation. Instruction is also given to the housebound in handicrafts, but the disposal of the goods produced is becoming increasingly difficult. Some help is given to the residents in the homes for the elderly, but there is little enthusiasm amongst the residents for taking part in this type of past time.

**Deaf and Hard of Hearing.**

Service in the main is given by the Suffolk Mission to the Deaf which seeks financial support from the Council. The Mission has its own premises in Bury St. Edmunds and is much better organised than it has been in the past. The Council are represented on the Committee of Management.

**Blind and Partially Sighted.**

Excluding transfers from other areas 35 new blind and 19 partially sighted were registered. The cause of the defect was as set out below:—

(i) Number of cases registered during the year with recommendations as follows:—	PRIMARY CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
	—	—	—	7
(a) No treatment .. ..	—	—	—	7
(b) Treatment (medical, surgical or hospital supervision) ..	4	1	—	13
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. ..	1	1	—	10

There is no material change as compared with last year in the service provided to the blind or with the close association with the West Suffolk Voluntary Association for the Blind.

**Welfare of the Aged.**

The number of places provided at the end of the year was 368 or 34 in addition to that in 1966.

Angel Court, Hadleigh .. ..	44	The Red House, Sudbury .. ..	10
Bristol House, Felixstowe .. ..	41	Manson House, Bury St. Edmunds ..	3
Hazell Court, Sudbury .. ..	44	'Cloncurry', Felixstowe .. ..	2
North Court, Bury St. Edmunds ..	57	Home for Epileptics .. ..	4
Place Court, Haverhill .. ..	43	'The Martins', Bury St. Edmunds ..	1
South Court, Bury St. Edmunds ..	43	Other Voluntary Homes .. ..	16
The Glancly Rest, Exning .. ..	48	Maintained in other local authorities' homes	12



It is becoming increasingly notable that there has been a progressive lowering of the physical and mental standards of those admitted to the homes. This has created often an undue strain on the staff.

The new home, Hazell Court, Sudbury, was opened on 3rd April.

Short term care was provided for a large number of old people to enable their relatives to take a holiday or enjoy a welcome break. This is a much appreciated service and it is hoped to further extend the scheme in the future.

Temporary accommodation is provided for evicted or homeless families in three bungalows at South Court, Bury St. Edmunds. They were occupied on a number of occasions but every attempt is made, in co-operation with all other social agencies, to avoid admitting families to temporary accommodation.

Regular meetings of social workers are held in various parts of the County at intervals to discuss and find solutions to the problems which continue to arise regarding problem families and those who are about to be rendered homeless. The number of cases which are discussed are quite formidable but those who are actually threatened with eviction are small so that the calls on the Council, as a Welfare Authority, to guarantee rents to housing authorities, is relatively small.

#### **Registered Homes.**

There are eleven homes accommodating a total of 190 persons of several classes registered and regularly inspected.

#### **General Welfare of the Aged.**

Each field worker has a case load of elderly people who are known to need a friendly 'eye' to be kept on them and home visits are paid as and when considered desirable. All applicants on the waiting list for residential accommodation are regularly visited and any signs of deterioration are noted and their admission classification adjusted in accordance with their physical and mental condition.

#### **Special Housing for the Aged.**

For some years the housing authorities have been encouraged to develop special housing schemes for the elderly in charge of a warden. Certain basic welfare facilities are provided and because of this annual grants are made to the housing authorities. Schemes are rapidly growing in number and cost. The grants which were paid last year were some fifteen thousand pounds.

#### **Welfare Organisations.**

Voluntary organisations throughout the area give a considerable amount of help to the community in dealing with many problems associated with the aged. The Women's Royal Voluntary Service provided a number of meals on wheels schemes throughout the County and provide some 35,000 hot meals a year. The meals are generally provided on two days a week and they are supported financially by the district councils as well as the County Council. The West Suffolk Old People's Welfare Association continues to expand the good work it has been doing for some years and provides many types of service for those who wish to assist the aged as well as the aged themselves. The number of aged who benefit from the holiday scheme continues to increase. There are some eighty clubs for the aged organised by the Association in the several villages and the Council contributes to the Association's maintenance by means of an annual grant whilst, in addition, grants are made to individual clubs directly by the department.

Members of the staff gave a number of talks to voluntary workers on various departmental topics. These appear to meet the need and the desire of many members of the public to know more about what services are available for the aged and handicapped.







